

Note: This is a sample  
template, it is not  
an OMB approved  
form.

### Universal 911 Dialing- First Transition Report

Please read instructions before completing.

#### Section 1

##### Carrier Identification Information

Parent Company Name  
CP-TEL Holdings

Service Provider Name  
CP-TEL Network Services

Company Address, City, State, Zip

5909 Hwy 1 Bypass  
Natchitoches, LA 71457

Service Provider Type      ☒ Wireless      ☐ Wireline  
Wireline

Name(s) of Wireless License Holder(s)

Contact Name  
Philip Fernbaugh

Contact Tel #  
318-352-0006

Fax #  
318-356-0872

E-mail Address  
pfernbaugh@cp-tel.net

#### Section 2

##### Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):  
Red River Parish, Louisiana

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed  
SHPTLAMADSO BST SHREVEPORT E911 TANDEM

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point

Identified point of delivery for 911 calls.

Switch Installation pending, translations to be completed prior to 5/1

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Red River Parish - 5/1/02

### Section 3 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

Bellsouth (RBOC)/Val Sapp (205-321-2109) provided E911 tandem information for Coushatta area to CP-TEL (CLEC).

No problems to report as of 3/4/02


(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

## Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 3/4/02.

Signature



Richard Gill

Printed name of authorized representative

President/CEO

Title

3/5/02

Date

This filing is:

☒ original filing☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT  
UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.